

Department of Administrative Services
General Services Enterprise – Purchasing
HOOVER BUILDING, LEVEL A
DES MOINES, IOWA 50319-0105

VENDOR APPLICATION FORM

1. Legal Business Name: _____ Yrs. In Business: ☐
(For remittance of warrants/payments)

Line 1: _____
.(Street

Line 2: _____

(City)

(County)

(state)

(Zip)

Address if different than listed above:

2. Alternate (DBA) Address:

Legal (DBA) Name: _____ DBA ☐

Line 1 _____

Line 2 _____

City/State/Zip _____

3. Purchase Order/Bid Mailing Address:

Business Name: _____

Line 1 _____

Line 2 _____

City/State/Zip _____

4. Federal Identification Number (FEIN) and/or Social Security Number or EIN#, if applicable:

EIN#: _____

SSN#: _____

5. Type of organization: Corporation ☐ Partnership ☐ Individual ☐ Sole Proprietorship ☐ Foreign ☐

6. If corporation, indicate in which state: _____ Date incorporated? _____
(Record additional corporation and/or company data on reverse side)

7. Does any state of Iowa employee hold an office as Principal, Director, Partner, or hold any remunerative position in this Company? YES ☐ (List names, positions & agencies on reverse side) NO ☐

8. Indicate on the attached commodity list, the classes of equipment, supplies, material and/or services on which you desire to bid/sell:

9. Specific brand names of items handled: _____ (Please attach separate list)

10. Type of business (Check more than one if applicable):

- | | | | |
|--------------------------------|-------|----------------------------|-------|
| A. Manufacturer or producer | _____ | E. Service Establishment | _____ |
| B. Dealer with inventory stock | _____ | F. Professionally Licensed | _____ |
| C. Construction concern | _____ | G. Foreign | _____ |
| D. Distributor | _____ | H. Other (Define) | _____ |

11. Type of operation (Check more than one if applicable):

- A. Is your firm located in Iowa? _____
- B. Are you a single management concern (not a branch or subsidiary of another firm)? _____
- C. Gross receipts/sales last year: \$ _____
- D. Number of employees: Company-wide _____ in Iowa _____
- E. Are you a minority- or disadvantaged-owned concern, at least 51 percent owned, controlled and actively managed by one or more minorities or, if a publicly-owned concern, at least 51 percent of the stock owned by one or more minorities? _____
- F. Are you a woman-owned concern, at least 51 percent owned, controlled and actively managed by one or more women or, if a publicly-owned concern, at least 51 percent of the stock owned by one or more women? _____
- G. If you are a Targeted Small Business (TSB), are you currently certified with the Iowa Department of Inspections and Appeals? _____

12. Company Contact Person(s):

NAME	Official Position	Telephone Number
_____	_____	(____) ____ - _____
_____	_____	(____) ____ - _____
_____	_____	(____) ____ - _____

13. Bank Reference: _____
Address: _____

14. The undersigned certifies that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law. Further I affirm that the undersigned company's employment practices do not discriminate because of age, race, creed, color, sex, national origin, religion, or disability.

Firm _____

Signed _____

Print Name: _____

Title: _____

Business number: (____) ____ - _____

Toll free number: (____) ____ - _____ Date: _____

FAX number: (____) ____ - _____

E-mail Address: _____

INSTRUCTIONS FOR VENDOR APPLICATION FORM

(Type or Print Legibly in Ink)

1. Enter the legal business name, and number of years in business. All warrants/payments will be sent to this address.
2. Enter alternate legal (DBA) address if different than above
3. Enter address to which purchase orders/contracts are to be mailed, if different than above.
4. If an individual or sole proprietor, enter your SSN or EIN, all others enter your Federal Employer Identification (FEIN) number.
5. Type of organization? Check appropriate box.
6. Indicate state in which incorporated and the date of incorporation.
7. Indicate if any State of Iowa employees hold a remunerative position in your company.
8. Enter commodities and/or services you wish to bid. Either return the commodity code listing pages that pertain to your business, or write the appropriate commodity #'s in answer to this question.
9. Enter brand names of commodities handled.
10. Type of business? Check appropriate line.
11. Type of operation? Answer all questions, A through F.
12. Indicate principal officer of the company.
13. Indicate principal bank reference.
14. To be signed by an individual or an officer of the company.
15. DO NOT FORGET TO COMPLETE, SIGN AND RETURN THE FEDERAL IDENTIFICATION W-9 FORM.
Without this form, the vendor application will not be processed by the Department of Revenue.
16. Please mail this completed form to:

Department of Administrative Services
General Services Enterprise – Purchasing
Vendor Application Coordinator
Hoover State Ofc Bldg, Level A
Des Moines, Iowa 50319-0105

or FAX to: 515-242-5974

17. If you have any questions, please contact, Purchasing, Vendor Application Coordinator at 515-281-6355

If you have a change of address, phone number, etc. for any of the above listed address', please submit a notice on your company letterhead to:

Department of Administrative Services, General Services Enterprise – Purchasing, Attn: Vendor Application Coordinator, Hoover State Ofc Bldg, Level A, Des Moines, Iowa 50319-0105